

# **HEALTH QUARTERLY STATEMENT**

AS OF MARCH 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

## **PHP Medicare**

NAI	C Group Code 3408 3408 (Current) (Prior)	NAIC Company Code	16555 Employer's	ID Number 83-2766121
Organized under the Laws of	Michigan	, State	of Domicile or Port of	Entry MI
Country of Domicile		United States of Ame	erica	
Licensed as business type:		Health Maintenance Orga	anization	
Is HMO Federally Qualified?	Yes[] No[X]			
Incorporated/Organized	11/01/2018	Con	nmenced Business _	04/01/2019
Statutory Home Office	1400 East Michigan Avenue	<b>;</b>		Lansing, MI, US 48912
	(Street and Number)		(City o	r Town, State, Country and Zip Code)
Main Administrative Office _		1400 East Michigan Av		
	Lansing, MI, US 48912	(Street and Numbe	er)	517-364-8400
(City or	Town, State, Country and Zip Code)		A)	Area Code) (Telephone Number)
Mail Address	1400 East Michigan Avenue			Lansing, MI, US 48912
	(Street and Number or P.O. Box)		(City o	r Town, State, Country and Zip Code)
Primary Location of Books and	Records	1400 East Michigan At (Street and Number		
	Lansing, MI, US 48912	, Cireet and Number	,	517-364-8400
(City or	Town, State, Country and Zip Code)		(A	Area Code) (Telephone Number)
Internet Website Address		www.phpmichigan.c	om	
Statutory Statement Contact	Nicole Werne	er	_ ,	517-364-8400
	(Name) nicole.werner@phpmm.org	,		(Area Code) (Telephone Number) 517-364-8407
	(E-mail Address)			(FAX Number)
Prosident	Dennis Reese	OFFICERS	Troacuror	Paula Reichle
Vice President and Chief			_	
Financial Officer _	Edward Vozzo #		Secretary _	Joseph Ruth
		OTHER		
		DIRECTORS OR TRU	STEES	
Dennis Joseph		Timothy Peterso Richard Bruner		Paula Reichle
State of	Michigan SS	3∙		
County of	Ingham	<b>2.</b>		
all of the herein described ass statement, together with relate condition and affairs of the said in accordance with the NAIC A rules or regulations require respectively. Furthermore, the	sets were the absolute property of the saddexhibits, schedules and explanations the differential entity as of the reporting periodennual Statement Instructions and Accountifferences in reporting not related to a scope of this attestation by the describe	aid reporting entity, free ar nerein contained, annexed d old stated above, and of its i unting Practices and Proce accounting practices and ped officers also includes th	nd clear from any liens or referred to, is a full a ncome and deductions dures manual except to procedures, according the related corresponding	corting entity, and that on the reporting period stated above, is or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the is therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state is to the best of their information, knowledge and belief, and electronic filing with the NAIC, when required, that is an if the product of the
Dennis Ree President		Edward Vozzo ce President and Chief Fina		Paula Reichle Treasurer
Subscribed and sworn to befor day of	e me this	b.	Is this an original filin If no,  1. State the amendm  2. Date filed	ent number

3. Number of pages attached.....

ASSETS									
		1	Current Statement Date 2	3 Net Admitted Assets	4 December 31 Prior Year Net				
1	Bonds	Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets				
	Stocks:								
	2.1 Preferred stocks			0					
	2.2 Common stocks			0					
3.	Mortgage loans on real estate:								
	3.1 First liens			0					
	3.2 Other than first liens.			0					
4.	Real estate:								
	4.1 Properties occupied by the company (less \$								
	encumbrances)			0					
	4.2 Properties held for the production of income (less			_					
	\$ encumbrances)			0					
	4.3 Properties held for sale (less \$								
	encumbrances)			0					
5.	Cash (\$18,306,928 ), cash equivalents								
	(\$1,114,922 ) and short-term								
	investments (\$ )				21,912,222				
6.	Contract loans (including \$ premium notes)								
7.	Derivatives								
8.	Other invested assets								
9.	Receivables for securities								
10.	Securities lending reinvested collateral assets								
11.	Aggregate write-ins for invested assets								
12.	Subtotals, cash and invested assets (Lines 1 to 11)	19,421,850	0	19,421,850	21,912,222				
13.	Title plants less \$ charged off (for Title insurers								
4.4	only)			66					
14. 15.	Investment income due and accrued	00		00	9				
15.	15.1 Uncollected premiums and agents' balances in the course of collection.	1/1 258	101	141,067	5,298				
	15.2 Deferred premiums, agents' balances and installments booked but	171,250	101	141,007					
	deferred and not yet due (including \$								
	earned but unbilled premiums)			0					
	15.3 Accrued retrospective premiums (\$								
	contracts subject to redetermination (\$	1,311,495		1,311,495	329,816				
16.	Reinsurance:	, ,		, ,					
	16.1 Amounts recoverable from reinsurers	115,000		115,000	182,753				
	16.2 Funds held by or deposited with reinsured companies			0					
	16.3 Other amounts receivable under reinsurance contracts			0					
17.	Amounts receivable relating to uninsured plans	831,552		831,552	840,791				
	Current federal and foreign income tax recoverable and interest thereon								
18.2	Net deferred tax asset			0					
19.	Guaranty funds receivable or on deposit			0					
20.	Electronic data processing equipment and software			0					
21.	Furniture and equipment, including health care delivery assets								
	(\$								
22.	Net adjustment in assets and liabilities due to foreign exchange rates								
23.	Receivables from parent, subsidiaries and affiliates								
24.	Health care (\$2,949,416 ) and other amounts receivable								
25.	Aggregate write-ins for other than invested assets	/,140	/,140	0	0				
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	25.535.755	643.840	24,891,915	25.130.599				
27.	From Separate Accounts, Segregated Accounts and Protected Cell		,						
	Accounts			0					
28.	Total (Lines 26 and 27)	25,535,755	643,840	24,891,915	25,130,599				
	DETAILS OF WRITE-INS								
1101.									
1102.									
1103.									
1198.	Summary of remaining write-ins for Line 11 from overflow page			0	0				
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0				
2501.	Prepaid Miscellaneous		7, 140	0	0				
2502.									
2503.									
2598.	Summary of remaining write-ins for Line 25 from overflow page				0				
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	7,140	7,140	0	0				

# LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAP		Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)		567,114		5,343,133
2.	Accrued medical incentive pool and bonus amounts				618,118
3.	Unpaid claims adjustment expenses	104,266		104,266	86,238
4.	Aggregate health policy reserves, including the liability of				
	\$ for medical loss ratio rebate per the Public				
	Health Service Act				, ,
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance			,	,
9.	General expenses due or accrued	539,294		539,294	1,819,158
10.1	, ,				
	(including \$ on realized gains (losses))				
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	1,341,726		1,341,726	1,932,561
13.	Remittances and items not allocated			0	
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)				
15.	Amounts due to parent, subsidiaries and affiliates	2,410,183		2,410,183	322,414
16.	Derivatives				
17.	Payable for securities			0	
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	
20.	Reinsurance in unauthorized and certified (\$				
	companies			0	
21.	Net adjustments in assets and liabilities due to foreign exchange rates	•		0	
22.	Liability for amounts held under uninsured plans			0	
23.	Aggregate write-ins for other liabilities (including \$				
	current)			0	0
24.	Total liabilities (Lines 1 to 23)	14,435,080	567,114	15,002,194	15,110,652
25.	Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26.	Common capital stock	XXX	XXX		
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	xxx	XXX	43,712,000	43,712,000
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)		XXX		(33,692,054)
32.	Less treasury stock, at cost:				
	32.1shares common (value included in Line 26				
	\$)	XXX	xxx		
	32.2 shares preferred (value included in Line 27				
	\$)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)				10,019,946
34.	Total liabilities, capital and surplus (Lines 24 and 33)	xxx	XXX	24,891,915	25,130,598
	DETAILS OF WRITE-INS			, , , , ,	-, - ,
2301.					
2302.					
2302.					
2398.	Summary of remaining write-ins for Line 23 from overflow page			0	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
	Totals (Lines 2501 tillough 2505 plus 2596)(Line 25 above)		xxx		0
2501.					
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page			0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX		0
3001.					
3002.					
3003.			XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page			0	0
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

# STATEMENT OF REVENUE AND EXPENSES

		Curren To D		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months			15,421	63,617
2.	Net premium income ( including \$ non-health			,	
	premium income)	xxx	18,667,884	12,682,486	51,226,039
3.	Change in unearned premium reserves and reserve for rate credits	xxx			
4.	Fee-for-service (net of \$ medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues			0	0
8.	Total revenues (Lines 2 to 7)	XXX	18,667,884	12,682,486	51,226,039
	Hospital and Medical:				
9.	Hospital/medical benefits			7,694,027	
10.	Other professional services		,		1,737,906
11.	Outside referrals				4,776,834
12.	Emergency room and out-of-area				1,630,203
13.	Prescription drugs			, ,	6,714,174
14.	Aggregate write-ins for other hospital and medical				0
15.	Incentive pool, withhold adjustments and bonus amounts			,	540,342
16.	Subtotal (Lines 9 to 15)	0	10,428,5/5	11,637,208	50,491,327
47	Less:  Net reinsurance recoveries		E4 044	171 600	204 200
17.	Total hospital and medical (Lines 16 minus 17)		,	,	,
18. 19.	Non-health claims (net)				50, 156,989
20.	Claims adjustment expenses, including \$				
20.	containment expenses		1 210 842	923 062	4 068 812
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts				
	(including \$ increase in reserves for life only)		(828,690)	(170,706)	842.134
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned			6,824	
26.	Net realized capital gains (losses) less capital gains tax of \$				
27.	Net investment gains (losses) (Lines 25 plus 26)			6,824	
28.					20,002
	(amount charged off \$)]				
29.	Aggregate write-ins for other income or expenses	0	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)		(847,846)	(1,672,145)	(13,088,067)
31.		XXX			
32.	Net income (loss) (Lines 30 minus 31)	XXX	(847,846)	(1,672,145)	(13,088,067)
	DETAILS OF WRITE-INS				
0601.		XXX			
0602.		XXX			
0603.		XXX			
0698.	, ,	XXX	0	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page		0	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.					
1402. 1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page		0	0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.	, , , , , , , , , , , , , , , , , , , ,	,	-		
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page	Λ	n	n	n
		0	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	U	U	U	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)** 

	STATEMENT OF REVENUE AND	1 Current Year	2 Prior Year	3 Prior Year Ended
		to Date	to Date	December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year.	10,019,944	11,368,023	11,368,023
34.	Net income or (loss) from Line 32	(847,846)	(1,672,145)	(13,088,067)
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	717,621	(434,511)	(260,012)
40	Change in unauthorized and certified reinsurance	0	0	
41.	Change in treasury stock	0	0	
42.	Change in surplus notes	0	0	
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)	0	0	
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	0	0	12,000,000
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus		0	0
48.	Net change in capital & surplus (Lines 34 to 47)			
49.	Capital and surplus end of reporting period (Line 33 plus 48)	9,889,719	9,261,367	10,019,944
40.	DETAILS OF WRITE-INS	0,000,110	0,201,001	10,010,011
4701.	DETAILS OF WRITE-INS			
4702.				
4703.	0			
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

## **CASH FLOW**

	2713111 2011		_	
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations	10 2010		
1.	Premiums collected net of reinsurance	16,790,005	12,584,497	51,763,846
2.	Net investment income	27	6,824	25,381
3.	Miscellaneous income	0	0	0
4.	Total (Lines 1 to 3)	16,790,033	12,591,321	51,789,227
5.	Benefit and loss related payments	15,558,337	12,254,450	49,613,614
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	5,222,571	4,209,657	13,545,052
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital			
	gains (losses)	0	0	0
10.	Total (Lines 5 through 9)	20,780,908	16,464,107	63,158,667
11.	Net cash from operations (Line 4 minus Line 10)	(3,990,875)	(3,872,786)	(11,369,440)
	Out from Investment			
12.	Cash from Investments  Proceeds from investments sold, matured or repaid:			
	·	0	0	0
			0	0
	12.3 Mortgage loans			0
				0
		0		0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			0
	12.7 Miscellaneous proceeds	0	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	-	0	0
13.	Cost of investments acquired (long-term only):			
10.	13.1 Bonds	0	0	0
		0		0
				0
	13.4 Real estate	_	0	0
		0	0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	0
40	Cash remained (cash and Miscellaneous Sources			
16.	Cash provided (applied):		0	0
	16.1 Surplus notes, capital notes			0
	16.2 Capital and paid in surplus, less treasury stock			12,000,000
	16.3 Borrowed funds			0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			0
	16.5 Dividends to stockholders		0	0
17.	16.6 Other cash provided (applied)	1,500,504	8,905,299	8,969,799
	plus Line 16.6)	1,500,504	8,905,299	20,969,799
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).	(2,490,371)	5,032,513	9,600,359
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	21,912,219	12,311,860	12,311,860
	19.2 End of period (Line 18 plus Line 19.1)	19,421,848	17,344,373	21,912,219

Note: Supplemental disclosures of cash flow information for non-cash transactions:		

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1	Compreh (Hospital &	ensive Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,507	0	0	0	0	0	0	5,507	0	
2. First Quarter	7,167							7,167		
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	21,438							21,438		
Total Member Ambulatory Encounters for Period:										
7 Physician	13,065							13,065		
8. Non-Physician	6,646							6,646		
9. Total	19,711	0	0	0	0	0	0	19,711	0	
10. Hospital Patient Days Incurred	1,183							1,183		
11. Number of Inpatient Admissions	203							203		
12. Health Premiums Written (a)	18,905,193							18,905,193		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	18,905,193							18,905,193		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	18,194,943							18, 194, 943		
18. Amount Incurred for Provision of Health Care Services	16,428,575							16,428,575		

# CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims							
1	2	3	4	5	6	7	
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total	
Claims Unpaid (Reported) University of Michigan Health System							
University of Michigan Health System	41,853					41,853	
0199999. Individually listed claims unpaid	41,853	0	0	0	0	41,853	
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0299999 Aggregate accounts not individually listed-uncovered	35, 120					35, 120	
0399999 Aggregate accounts not individually listed-covered	271,720					271,720	
0499999 Subtotals	348,693	0	0	0	0	348,693	
0599999 Unreported claims and other claim reserves		- 1	<u>-</u>		-	5,281,941	
0699999 Total amounts withheld						0	
0799999 Total claims unpaid						5,630,634	
0899999 Accrued medical incentive pool and bonus amounts						776,452	
						,	

## **UNDERWRITING AND INVESTMENT EXHIBIT**

#### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PE	-					6
		Claims Paid Liability Year to Date End of Current Quarte				
	Year to			ent Quarter		
	1	2	3	4		F // / 10/ /
	_		_			Estimated Claim
	On	_	On			Reserve and
	Claims Incurred Prior	On	Claims Unpaid	On	Claims Incurred in	Claim Liability
	to January 1 of	Claims Incurred	Dec. 31	Claims Incurred	Prior Years	December 31 of
Line of Business	Current Year	During the Year	of Prior Year	During the Year	(Columns 1 + 3)	Prior Year
Comprehensive (hospital and medical)					0	0
1. Comprehensive (nospital and medical)					0	0
2. Medicare Supplement					0	0
·						
					0	_
3. Dental Only					0	0
4. Vision Only					0	٥
4. VISION ONLY					0	
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	2,888,051	15,306,891	234,010	5,396,625	3, 122, 061	5,343,134
7 Title XIX - Medicaid					0	٥
/ Title AIA - Wedicald						U
8. Other health					0	0
	0 000 054	15 000 001	004 040	F 000 00F	0 100 001	E 040 404
9. Health subtotal (Lines 1 to 8)	2,888,051	15,306,891	234,010	5,396,625	3, 122, 061	5,343,134
10. Healthcare receivables (a)	1,807,916		290.678	3,531,712	2,098,594	3,364,060
10. Healthcare receivables (a)	1,507,910		230,070		2,000,004	
11. Other non-health					0	0
			040	450 000	040	0.10
12. Medical incentive pools and bonus amounts			618,118	158,333	618,118	618,118
13. Totals (Lines 9-10+11+12)	1,080,135	15,306,891	561.450	2,023,246	1,641,585	2,597,192
10. 10tais (Lilics 3-10+11+12)	1,000,100	15,000,031	301,430	2,020,240	1,041,303	2,331,132

## NOTES TO FINANCIAL STATEMENTS

#### **NOTE 1 Summary of Significant Accounting Policies**

#### A. Accounting Practices

The financial statements of PHP Medicare are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS).

PHP Medicare was formed on November 1, 2018 on a non-stock basis and is a wholly owned subsidiary of Physicians Health Plan (PHP). PHP Medicare operations will commence on January 1, 2020.

DIFS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Michigan.

A reconciliation of PHP Medicare's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Michigan is shown below:

		SSAP#	F/S Page	F/S Line #	2022	2021
NET IN						
(1)	State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	(847,846)	(13,088,067)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(4)	NAIC SAP (1-2-3=4)	xxx	XXX	XXX	(847,846)	(13,088,067)
SURPLI	US					
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	9,889,721	10,019,946
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	9,889,721	10,019,946

#### B. Use of Estimates

In preparing the financial statements in conformity with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual, management makes estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

- 1. Short term investments are stated at amortized cost or at market value depending upon the respective investment.
- Not applicable
- 3. Common stocks are stated at market value.
- Preferred stocks Not applicable
- 5. Mortgage loans Not applicable
- Loan-backed securities 6. Not applicable
- Investments in subsidiaries, controlled and affiliated companies
- 8. Investments in joint ventures, partnerships and limited liability companies Not applicable
- 9 Derivatives Not applicable
- 10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54R - Individual and Group Accident and Health Contracts.
- Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or les than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- PHP Medicare has adopted the capitalization policy of the parent, PHP. No modifications to this capitalization policy have occurred in the 12. current year.

The principle conditions of our current environment that would raise doubt as to the ability of the plan to continue as a going concern would include the variability and uncertainty of the current health care marketplace. While potentially significant, Management has developed plans to alleviate the potential for going concern by reviewing budgeted trends for the Health System as well as PHP Medicare, diversification of the products we offer, and proper underwriting for new and renewing

#### **NOTE 2 Accounting Changes and Corrections of Errors**

Not Applicable

NOTE 3 Business Combinations and Goodwill

Not Applicable

**NOTE 4 Discontinued Operations** 

Not Applicable

#### NOTE 5 Investments

A-K. Not Applicable

L. Restricted Assets

1 Restricted Assets (Including Pledged)

<ol> <li>Restri</li> </ol>	icted Assets (Including Pledged)						
		1				5	
			2	3	4		6
							Percentage
		Total Gross				Percentage	Admitted
		Restricted from		Increase/	Total Current	Gross	Restricted to
	Restricted Asset Category	Current Year	Restricted from	(Decrease)	Year Admitted	Restricted to	Total Admitted
			Prior Year	(1 minus 2)	Restricted	Total Assets	Assets
a.	Subject to contractual obligation for which liability is not shown			0		0.000	0.000
b.	Collateral held under security lending agreements			0		0.000	0.000
C.	Subject to repurchase agreements			0		0.000	0.000
d.	Subject to reverse repurchase agreements $\ldots$			0		0.000	0.000
e.	Subject to dollar repurchase agreements			0		0.000	0.000
	Subject to dollar reverse repurchase agreements						
g.	Placed under option contracts			0		0.000	0.000
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock						
i.	FHLB capital stock						
j.	On deposit with states						
k.	On deposit with other regulatory bodies			0		0.000	0.000
I.	Pledged collateral to FHLB (including assets backing funding agreements)			0		0.000	0.000
	Pledged as collateral not captured in other categories						
	Other restricted assets						
0.	Total Restricted Assets	1,114,922	1,114,895	27	1,114,922	4.366	4.479

 Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
 Not Applicable

 Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
 Not Applicable

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements Not Applicable

M-R. Not Applicable

## NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

#### NOTE 7 Investment Income

A. Accrued Investment Income

The Company does not admit investment income due and accrued if amounts are over 90 days past due.

B. Amounts Nonadmitted

Not applicable.

## NOTE 8 Derivatives Instruments

Not Applicable

#### NOTE 9 Income Taxes

No Significant Change

### NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No Significant Change

#### NOTE 11 Debt

Not Applicable

## NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not Applicable

#### NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No Significant Change

#### NOTE 14 Liabilities, Contingencies and Assessments

Not Applicable

**NOTE 15 Leases** 

Not Applicable

NOTE 16 Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not Applicable

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not Applicable

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not Applicable

NOTE 19 Direct Premium Written / Produced by Managing General Agents / Third Party Administrators

Not Applicable

#### **NOTE 20 Fair Value Measurement**

- A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value
  - (1) Items Measured at Fair Value by Levels 1, 2 and 3

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded common stocks and mutual funds. The estimated fair value of the equity securities within this category are based on quoted prices in active markets and are therefore classified as Level 1.

Level 2 - Significant Other Observable Inputs: This category, for items measured at fair value on a recurring basis, includes bonds which are not exchange traded and common stock of a subsidiary which is valued using an adjusted market method. The estimated fair values of some of these bonds were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded. The Company has no Level 2 assets or liabilities.

Level 3 - Significant Unobservable Inputs: The Company has no Level 3 assets or liabilities.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value Cash Equivalents	1,114,922	0	0	0	1,114,922
Total assets at fair value	1.114.922	0	0	0	1.114.922

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below. No transfers between Levels 1 and 2 occurred during the current year.

(2) Rollforward of Level 3 Items

The Company has no assets or liabilities measured at fair value in the Level 3 category.

(3) Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

(4) Inputs and Techniques Used for Level 2 and Level 3 Fair Values  $\,$ 

The Company has no assets or liabilities measured at fair value in the Level 2 or 3 categories.

(5) Derivative Fair Values

Not applicable.

B. Other Fair Value Disclosures Not applicable.

C.Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

							Not
							Practicable
	Aggregate	Admitted				Net Asset	(Carrying
Type of Financial Instrument	Fair Value	Assets	(Level 1)	(Level 2)	(Level 3)	Value (NAV)	Value))
Cash Equivalents	1,114,922	1,114,922	1,114,922	0	0	0	0
·							

D. Not Practicable to Estimate Fair Value Not applicable

## NOTE 21 Other Items

Not Applicable

#### NOTE 22 Subsequent Events

No Significant Change

#### NOTE 23 Reinsurance

No Significant Change

#### NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

 $\hbox{A-C. The Company does not participate in traditional retrospectively rated contracts.}\\$ 

- D. Medical loss ratio rebates required pursuant to the Public Health Service Act. Not applicable
- Risk Sharing Provisions of the Affordable Care Act Not applicable

#### NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2021 were \$5.3 million. As of March 31, 2022, \$3.1 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now approximately \$234,000 due to re-estimation of unpaid claims and claim adjustment expenses. Resulting in favorable prior-year development of approximately \$2.0 million from December 31, 2021 to March 31, 2022. Original estimates increase or decrease, as additional information becomes known regarding individual claims. This increase is the result of lower health care expenses than originally anticipated.

#### **NOTE 26 Intercompany Pooling Arrangements**

Not Applicable

**NOTE 27 Structured Settlements** 

Not Applicable

**NOTE 28 Health Care Receivables** 

No Significant Change

**NOTE 29 Participating Policies** 

Not Applicable

#### **NOTE 30 Premium Deficiency Reserves**

Liability carried for premium deficiency reserves

Date of the most recent evaluation of this liability 2.

Was anticipated investment income utilized in the calculation?

4,143,444.00 April 6, 2022

Yes No

#### NOTE 31 Anticipated Salvage and Subrogation

Not Applicable

# **GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

## **GENERAL**

1.1	Did the reporting entity experience any material transactions requiring the fil Domicile, as required by the Model Act?					Yes [	]	No [ ]	Х ]
1.2	If yes, has the report been filed with the domiciliary state?					Yes [	]	No [ ]	Х]
2.1	Has any change been made during the year of this statement in the charter, reporting entity?					Yes [	]	No [ ]	Х]
2.2	If yes, date of change:								
3.1	Is the reporting entity a member of an Insurance Holding Company System is an insurer?  If yes, complete Schedule Y, Parts 1 and 1A.					Yes [ )	( ]	No [	]
3.2	Have there been any substantial changes in the organizational chart since the	the prior quarter end?				Yes [	]	No [ ]	Х]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.								
3.4	Is the reporting entity publicly traded or a member of a publicly traded group	ວ?				Yes [	]	No [ ]	Х ]
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issue	ed by the SEC for the entity/group.							
4.1	Has the reporting entity been a party to a merger or consolidation during the	e period covered by this statement?				Yes [	]	No [ ]	Х]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of do ceased to exist as a result of the merger or consolidation.	omicile (use two letter state abbrevia	ation) for any entity	that has					
	1 Name of Entity	2 NAIC Company Code	3 State of Domicile	<u>:</u>					
5.	If the reporting entity is subject to a management agreement, including third in-fact, or similar agreement, have there been any significant changes regarlf yes, attach an explanation.	d-party administrator(s), managing grding the terms of the agreement or	general agent(s), a principals involve	torney- d?Ye	s [	] No	[ X ]	] N/A	.[ ]
6.1	State as of what date the latest financial examination of the reporting entity	was made or is being made							
6.2	State the as of date that the latest financial examination report became avail date should be the date of the examined balance sheet and not the date the	ailable from either the state of domic e report was completed or released	ile or the reporting	entity. This	3				
6.3	State as of what date the latest financial examination report became available the reporting entity. This is the release date or completion date of the examinate).	ination report and not the date of th	e examination (ba	ance sheet	t				
6.4	By what department or departments?								
6.5	Have all financial statement adjustments within the latest financial examinat statement filed with Departments?	tion report been accounted for in a	subsequent financ	al Ye	s [	] No	[ ]	] N/A	[ X ]
6.6	Have all of the recommendations within the latest financial examination repo	ort been complied with?		Ye	s [	] No	[ ]	] N/A	[ X ]
7.1	Has this reporting entity had any Certificates of Authority, licenses or registratevoked by any governmental entity during the reporting period?					Yes [	]	No [ ]	Х]
7.2	If yes, give full information:								
8.1	Is the company a subsidiary of a bank holding company regulated by the Fe	ederal Reserve Board?				Yes [	]	No [ ]	Х]
8.2	If response to 8.1 is yes, please identify the name of the bank holding comp	pany.							
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?					Yes [	]	No [ ]	Х]
8.4	If response to 8.3 is yes, please provide below the names and location (city regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office Insurance Corporation (FDIC) and the Securities Exchange Commission (SI	ce of the Comptroller of the Currency	y (OCC), the Fede	ral Deposit					
	1 Affiliata Nama	2	3	4	5	6	7		
	Affiliate Name	Location (City, State)	FRB	OCC F	FDIC	SEC	1		

# **GENERAL INTERROGATORIES**

9.1	are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controlle similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?			Yes [	X ]	No [	]
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the repor	rting er	ntity;				
	(c) Compliance with applicable governmental laws, rules and regulations;	•	•				
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and						
	(e) Accountability for adherence to the code.						
9.11	If the response to 9.1 is No, please explain:						
9.2	Has the code of ethics for senior managers been amended?			Yes [	]	No [	Х]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).						
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?			Yes [	]	No [	Х ]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).						
	FINANCIAL						
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement	t?		Yes [	]	No [	Х ]
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:		\$ <u></u>				0
	INVESTMENT						
11 1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or of	thonwic	o mado available for				
	use by another person? (Exclude securities under securities lending agreements.)  If yes, give full and complete information relating thereto:			Yes [	]	No [	Χ]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:		\$				0
13.	Amount of real estate and mortgages held in short-term investments:						
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?						
14.2			1		•	-	
			Prior Year-End	С	urrer	2 nt Qua	arter
			Book/Adjusted	В	ook/	Adjus	sted
	Bonds	_	Carrying Value			ng Va	
14.21	Bonds	\$	0				0
	Preferred Stock						0
	Common Stock Short Torm Investments						0
	Short-Term Investments						0
	Mortgage Loans on Real Estate						0
14.20	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	Ψ Φ	0				0
	Total Investment in Parent included in Lines 14.21 to 14.26 above						0
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?			Yes [	]	No [	Х]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.						
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement da						
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2						
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, I						
	16.3 Total payable for securities lending reported on the liability page.		\$				0

# **GENERAL INTERROGATORIES**

17. 17.1	offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F.  Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?									No [ X	]
		1 Name of Cust	odian(s)			2 Custodian Addre	200				
		Name of Cust	odian(s)			Justodian Addit					
17.2	For all agreements that location and a complete		vith the requirements of the NAIC F	Financial Con-	dition Examiner	s Handbook, pr	rovide the name,				
	1 Name	۵)	2			3	nation(s)				
	Name(	S)	Location(s)			Complete Explar	iation(s)				
17.3 17.4	Have there been any of lf yes, give full information	-	name changes, in the custodian(sto:	s) identified in	17.1 during the	e current quarte	r?	Yes	[ ]	No [ X ]	
	1	dia	2 Nove Controlling	Dete	3		4				
	Old Custo	odian	New Custodian	Date	of Change		Reason				
17.5	make investment deci	sions on behalf of ccess to the inves	vestment advisors, investment ma the reporting entity. For assets tha tment accounts"; "handle securit	at are manage ties"]	ed internally by						
		Name of Firm		Affilia							
			d in the table for Question 17.5, do more than 10% of the reporting er					Yes	[ ]	No [ X	]
			d with the reporting entity (i.e. designt aggregate to more than 50% of the					Yes	[ ]	No [ X	]
17.6	For those firms or inditable below.	viduals listed in th	e table for 17.5 with an affiliation c	ode of "A" (af	filiated) or "U" (	unaffiliated), pro	ovide the information for the	ne			
	1		2		;	3	4		Inves	5 stment gement	
	Central Registration Depository Number		Name of Firm or Individual			dentifier (LEI)	Registered With		Agre (IMA	ement ) Filed	
18.1 18.2	Have all the filing requ If no, list exceptions:	irements of the P	urposes and Procedures Manual o	f the NAIC In	estment Analy	sis Office been	followed?	Yes	[ X ]	No [	]
19.	a. Documentation security is not a b. Issuer or obligo c. The insurer has	necessary to per available. r is current on all an actual expect	eporting entity is certifying the followit a full credit analysis of the secucontracted interest and principal paration of ultimate payment of all cor 5GI securities?	urity does not ayments. ntracted intere	exist or an NAI	C CRP credit ra	ting for an FE or PL	Yes	[ ]	No [ X	1
20.	a. The security was     b. The reporting er     c. The NAIC Desig     on a current priv     d. The reporting er	s purchased prior ntity is holding cap nation was derive rate letter rating h ntity is not permitte	reporting entity is certifying the foll to January 1, 2018. ital commensurate with the NAIC I d from the credit rating assigned beld by the insurer and available for bed to share this credit rating of the PLGI securities?	Designation roy an NAIC Clare examination PL security w	eported for the RP in its legal c by state insuranth the SVO.	security. apacity as a NR nce regulators.	SRO which is shown			No [ X	
21.	By assigning FE to a S	,	registered private fund, the reporting					168	ι ]	Ν∪[Λ	1
	b. The reporting er c. The security had January 1, 2019 d. The fund only or e. The current repo in its legal capad f. The public credit	ntity is holding cap d a public credit ra predominantly ho orted NAIC Design city as an NRSRC rating(s) with ann	ual surveillance assigned by an N	signed by an credit rating(s	NAIC CRP in it ) with annual s not lapsed.	s legal capacity urveillance assi	gned by an NAIC CRP	,,			
	Has the reporting entit	v assigned FF to	Schedule RA non-registered privat	te funds that o	omplied with th	e ahove criteria	2	Voc	r 1	No L A	1

## **GENERAL INTERROGATORIES**

## PART 2 - HEALTH

### Operating Percentages:

	1.1 A&H loss percent	 			9	2.8 9
	1.2 A&H cost containment percent	 				5.1 9
	1.3 A&H expense percent excluding cost containment expenses	 				5.3 %
2.1	Do you act as a custodian for health savings accounts?	 Yes [	]	No [	Х ]	
2.2	If yes, please provide the amount of custodial funds held as of the reporting date	\$ 				0
2.3	Do you act as an administrator for health savings accounts?	 Yes [	]	No [	Х ]	
2.4	If yes, please provide the balance of the funds administered as of the reporting date	\$ 				0
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	 Yes [	]	No [	Х]	
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [	1	No [	X 1	

# SCHEDULE S - CEDED REINSURANCE Showing All New Reinsurance Treaties - Current Year to Date

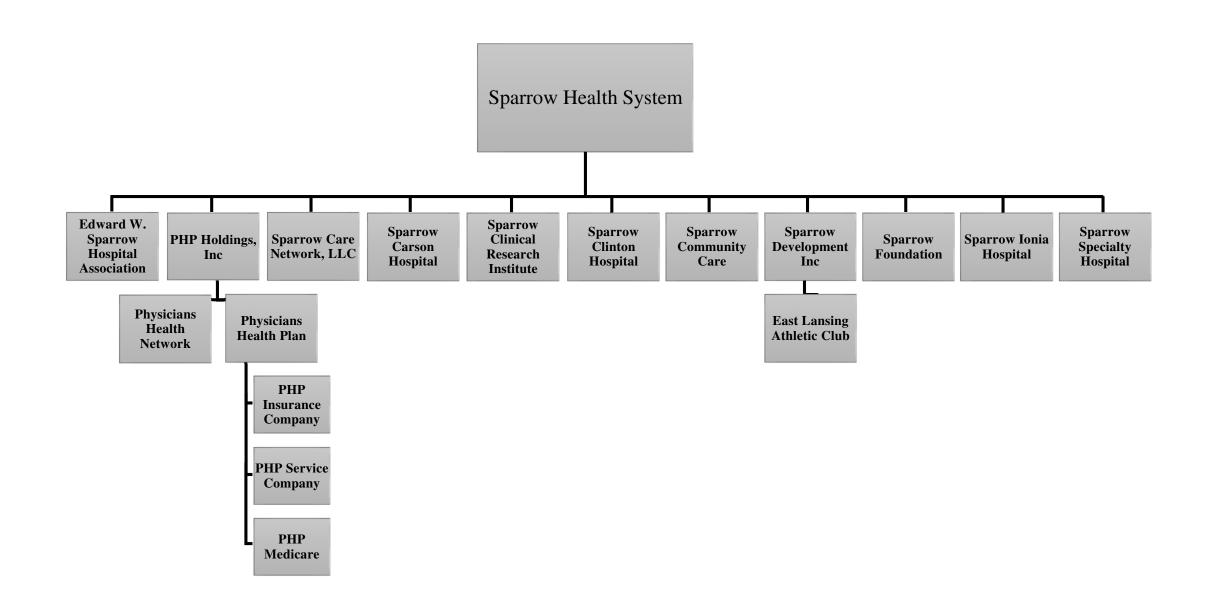
			Showing All New Reinsurance Treaties - Current Year to Date           1         2         3         4         5         6         7         8         9         10													
1	2	3	4	5	6	7	8	9 Certified	10 Effective Date of							
NAIC Company Code 23680	ID Number 47-0698507	Effective	V	Domiciliary	Type of Reinsurance Ceded ASL/I	Type of Business	T (0)	Reinsurer Rating (1 through 6)	Certified							
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Ceded CMM	Type of Reinsurer	(1 through 6)	Rating							
23680	47-0698507	01/01/2022 0dys	ssey Heinsurance Company		ASL/1		Authorized									
		·····														
	· · · · · · · · · · · · · · · · · · ·															
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# **SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

		1		Current Year to Date - Allocated by States and Territories  Direct Business Only  2 3 4 5 6 7 8							
		Active Status	2 Accident and Health	3 Medicare	4 Medicaid	5 CHIP Title	6 Federal Employees Health Benefits Program	7 Life and Annuity Premiums & Other	Property/ Casualty	9 Total Columns 2	10 Deposit-Type
	States, etc.	(a)	Premiums	Title XVIII	Title XIX	XXI	Premiums	Considerations	Premiums	Through 8	Contracts
1. 2.	Alabama AL	N N.								0	
3.	Alaska AK Arizona AZ	NN.								0	
4.	Arkansas AR	N								0	
5.	California CA	N.								0	
6.	Colorado CO	N								0	
7.	Connecticut CT	N								0	
8.	Delaware DE	N								0	
9.	District of Columbia . DC	N								0	
10.	Florida FL	N								0	
11.	Georgia GA	N								0	
12.	Hawaii HI	N								0	
13.	Idaho ID	N								0	
14. 15.	Illinois IL	N N								0	
16.	Indiana IN Iowa IA	N N								0	
17.	Kansas KS	N								0	
18.	Kentucky KY	NN.					·····	·		0	
19.	Louisiana LA	N								0	
20.	Maine ME	N								0	
21.	Maryland MD	N								0	
22.	Massachusetts MA	N								0	
23.	Michigan MI	L		18,905,193						18,905,193	
24.	Minnesota MN	N								0	
25.	Mississippi MS	N								0	
26.	Missouri MO	N.								0	
27.	Montana MT	N								0	
28.	Nebraska NE	N								0	
29.	Nevada NV	N								0	
30.	New Hampshire NH	N								0	
31.	New Jersey NJ	N								0	
32. 33.	New Mexico NM New York NY	NN.								0	
34.	North Carolina NC	N								0	
35.	North Dakota ND	N								0	
36.	Ohio OH	N								0	
37.	Oklahoma OK	N.								0	
38.	Oregon OR	N								0	
39.	Pennsylvania PA	N								0	
40.	Rhode Island RI	N								0	
41.	South Carolina SC	N								0	
42.	South Dakota SD	N								0	
43.	Tennessee TN	N								0	
44.	Texas TX	N								0	
45.	Utah UT	N								0	
46.	Vermont VT	N								0	
47.	Virginia VA	N								0	
48.	Washington WA	N								0	
49. 50.	West Virginia WV Wisconsin WI	N N					l			0	
50. 51.	Wyoming WY	N N								0	
51. 52.	American Samoa AS	N N								0	
53.	Guam GU	N								0	
54.	Puerto Rico PR	N								0	
55.	U.S. Virgin Islands VI	N								0	
56.	Northern Mariana		[								
	Islands MP	N								0	
57.	Canada CAN	N								0	
58.	Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0	,
59.	Subtotal	XXX	0	18,905,193	0	0	0	0	0	18,905,193	0
60.	Reporting Entity Contributions for Employee										
61	Benefit Plans	XXX	0	10 005 100	0	0	0	0		18 905 193	
61.	Totals (Direct Business) DETAILS OF WRITE-INS	XXX	U	18,905,193	U	U	U	U	0	18,905,193	
58001	DETAILS OF WRITE-INS	xxx									
58002.		XXX									
58003.		XXX	]								
58998.	Summary of remaining										
	write-ins for Line 58 from	1001	0	0	0	0	0	_	^		,
58900	overflow page Totals (Lines 58001 through	XXX	U	U	U	U	U	0	0	0	
JJJJJ.	58003 plus 58998)(Line 58										
		XXX	0	0	0	0	0	0	0	0	(

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG1	R - Registered - Non-domiciled RRGs0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state0	Q - Qualified - Qualified or accredited reinsurer0
N - None of the above - Not allowed to write business in the state	

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



## SCHEDULE Y

# PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	2	3	4	1 5	6	1 7	8	9	10	11	12	13	14	15	16
•	_	-		-	_		_	1		• •	Type	If		1	
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
								Domi				-		Filing	
		NIAIO				Exchange	N	Domi-	ship		Management,	ship		_ 5	
_		NAIC				if Publicly Traded	Names of	ciliary	to	5 6	Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	/ *
			38-2542859	0	0		SPARROW HEALTH SYSTEM	MI	UIP		Board of Directors	0.000			
			38-1490180	0	0		SPARROW CARSON HOSPITAL	MI		SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	NO	
			38-3218134	0	0		SPARROW IONIA HOSPITAL	MI	NIA	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	NO	
			46-4526659	0	0		SPARROW CARE NETWORK, LLC	MI		SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	NO	
			38-6100687	0	0		SPARROW FOUNDATION	MI		SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	NO	
			38-2594856	0	0		PHYSICIANS HEALTH NETWORK	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	NO	
			38-2543305	0	0		SPARROW COMMUNITY CARE	MI	NIA	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	NO	
			14-1885340	0	0		SPARROW SPECIALTY HOSPITAL	MI		SPARROW HEALTH SYSTEM	Owner ship		SPARROW HEALTH SYSTEM	NO	
			38-1358172	0	0		SPARROW CLINTON HOSPITAL	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	NO	
			38-1360584	0	0		EW SPARROW HOSPITAL ASSOCIATION	MI	NIA	SPARROW HEALTH SYSTEM	Owner ship	100.000	SPARROW HEALTH SYSTEM	NO	
			38-2595963	0	0		SPARROW DEVELOPMENT, INC	MI	NIA	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	NO	J
			38-3075242	0	0		SPARROW CLINICAL RESEARCH INSTITUTE	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	NO	
			38-2886420	0	0		EAST LANSING ATHLETIC CLUB	MI	NIA	SPARROW DEVELOPMENT, INC	Owner ship	100.000	SPARROW HEALTH SYSTEM	NO	
3408 PI	HYSICIANS HEALTH PLAN OF MID MI	95849	38-2356288	0	0		PHYSICIANS HEALTH PLAN	MI	UDP	PHP HOLDINGS LLC	Owner ship	100.000	SPARROW HEALTH SYSTEM	NO	
3408 PI	HYSICIANS HEALTH PLAN OF MID MI	12816	20-5565219	0	0		PHP INSURANCE COMPANY	MI	IA	PHYSICIANS HEALTH PLAN	Owner ship	100.000	SPARROW HEALTH SYSTEM	NO	I
			38-3344741	0	0		PHP SERVICE COMPANY	MI	NIA	PHYSICIANS HEALTH PLAN	Owner ship	100.000	SPARROW HEALTH SYSTEM	YES	
3408 PI	HYSICIANS HEALTH PLAN OF MID MI	16555	83-2766121	0	0		PHP MEDICARE	MI	RE	PHYSICIANS HEALTH PLAN	Owner ship	100.000	SPARROW HEALTH SYSTEM	NO	1
			83-3965697	0	0		PHP HOLDINGS LLC	MI	UIP	SPARROW HEALTH SYSTEM	Ownership	65.000	SPARROW HEALTH SYSTEM	NO	
															1

Asterisk	Explanation

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	_	Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
2.	AUGUST FILING  Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
	Explanation:	
1.	Bar Code:	
1.	Medicare Part D Coverage Supplement [Document Identifier 365]	

# **OVERFLOW PAGE FOR WRITE-INS**

Schedule A - Verification - Real Estate

NONE

Schedule B - Verification - Mortgage Loans

NONE

Schedule BA - Verification - Other Long-Term Invested Assets

NONE

Schedule D - Verification - Bonds and Stock

NONE

Schedule D - Part 1B - Bonds and Preferred Stock by NAIC Designation

NONE

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

# **SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	, , ,	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	1, 114, 895	1,116,936
2.	Cost of cash equivalents acquired	27	134
3.	Accrual of discount		0
4.	Unrealized valuation increase (decrease)		0
5.	Total gain (loss) on disposals		0
6.	Deduct consideration received on disposals		2,175
7.	Deduct amortization of premium		0
8.	Total foreign exchange change in book/adjusted carrying value		0
9.	Deduct current year's other than temporary impairment recognized		0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,114,922	1,114,895
11.	Deduct total nonadmitted amounts		0
12.	Statement value at end of current period (Line 10 minus Line 11)	1,114,922	1,114,895

# Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired **NONE** 

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of NONE

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE** 

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE** 

# Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees **NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned **NONE** 

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

## **SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1		3	4	5	Book Balance at End of Each Month During Current Quarter			9
			Amount of Interest Received	Amount of Interest Accrued	6	7	8	
		Rate of	During Current	at Current				
Depository	Code	Interest	Quarter	Statement Date	First Month	Second Month	Third Month	*
Bank of America Chicago, IL			0		19,681,084	19,450,013	18,306,928	XXX
0199998. Deposits in depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						xxx
, , ,	XXX	XXX	0	0	19,681,084	19,450,013	18,306,928	XXX
0199999. Totals - Open Depositories 0299998. Deposits in depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	19,001,004	19,430,013	10,300,920	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
	XXX	XXX	0	0	19,681,084	19,450,013	18,306,928	XXX
0399999. Total Cash on Deposit	XXX	XXX	XXX	XXX	19,001,004	19,430,013	10,300,920	XXX
0499999. Cash in Company's Office	^^^	***	***	***				^^^
	· · · · · · · · · · · · · · · · · · ·							•
	·							
	· · · · · · · · · · · · · · · · · · ·							
								******
	· · · · · · · · · · · · · · · · · · ·							
	· · · · · · · · · · · · · · · · · · ·							
0599999. Total - Cash	XXX	XXX	0	0	19,681,084	19,450,013	18,306,928	XXX

# **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

	w investments Ow			_			
1 2	3	4	5	6	7	8	9
					Book/Adjusted	Amount of Interest	Amount Received
CUSIP Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
0109999999. Total - U.S. Government Bonds					0	0	0
030999999. Total - All Other Government Bonds	0	0					
0509999999. Total - U.S. States, Territories and Possessions Bonds					0	0	0
070999999. Total - U.S. Political Subdivisions Bonds					0	0	0
090999999. Total - U.S. Special Revenues Bonds					0	0	0
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	0	0
130999999. Total - Hybrid Securities					0	0	0
150999999. Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
190999999. Subtotal - Unaffiliated Bank Loans					0	0	0
241999999. Total - Issuer Obligations					0	0	0
242999999. Total - Residential Mortgage-Backed Securities					0	0	0
243999999. Total - Commercial Mortgage-Backed Securities					0	0	0
244999999. Total - Other Loan-Backed and Structured Securities					0	0	0
245999999. Total - SVO Identified Funds					0	0	0
246999999. Total - Affiliated Bank Loans					0	0	0
247999999. Total - Unaffiliated Bank Loans					0	0	0
0500000000 T-t-I D-r-t-							
2509999999. Total Bonds					0	0	0
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD	03/31/2022				9	0 (27
	SD	03/31/2022				9	0 (27
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD	03/31/2022				9	· · · · · · · · · · · · · · · · · · ·
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD	03/31/2022				9	· · · · · · · · · · · · · · · · · · ·
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD.	03/31/2022				9	· · · · · · · · · · · · · · · · · · ·
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD	03/31/2022				9	· · · · · · · · · · · · · · · · · · ·
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD.	03/31/2022				9	· · · · · · · · · · · · · · · · · · ·
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD	03/31/2022				9	· · · · · · · · · · · · · · · · · · ·
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD.	03/31/2022				9 9	· · · · · · · · · · · · · · · · · · ·
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD.					9	· · · · · · · · · · · · · · · · · · ·
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD.	03/31/2022				9	· · · · · · · · · · · · · · · · · · ·
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD.					9 9	(=:
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD					9	(=:
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD.	03/31/2022				9	(=:
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316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD					9 9	(=:
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD	03/31/2022				9	(=:
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD	03/31/2022				9 9	(=:
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD					9 9	(=:
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD					9	· · · · · · · · · · · · · · · · · · ·
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD	03/31/2022				9	· · · · · · · · · · · · · · · · · · ·
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD					9	(=-
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD					9	(=-
316175-50-4 Fidelity Treasury Portfolio Class I Fund #695	SD	03/31/2022				9	(=-